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erton have shown that in 66 cases of General Paralysis the *fundus oculi* was normal in a majority of cases, but in a considerable minority there were changes in the direction of *neuritis* or atrophy; and while optic atrophy was noted as a sequel of *neuritis*, it was also not infrequently primary at the disc. In all these cases the changes in the disc had developed after the mental symptoms; but one case was quoted from Nettleship where optic nerve atrophy preceded the symptoms of the disease. Wigglesworth is now able to add a second case of this kind, where the patient had to give up work from blindness three years before any mental symptoms developed. There was well marked gray atrophy of both discs, the vessels, however, not being obviously shrunken. At the post-mortem both optic nerves were much shrunken. Making all due allowance for the fact that the mental symptoms may have existed for some time before they became apparent to the wife, it still seems clear that the optic atrophy was the primary feature. [Folsom, in the article cited at the beginning of these reviews, found in one of his cases, Case VIII, in the prodromal stage, beginning atrophy of the optic disc—the only case where he had ever found it except at a late stage.—REV.]

ALLEGED RECOVERIES.

Fall von Dementia paralytica mit Uebergang in Genesung. DR. WENDT.
Allgem. Zeitschr. f. Psychiatrie, 1889, Bd. XLVI, H. 1, S. 77.

Dr. Wendt's case was presented before the 64th Session of the Psychiatric Union of Berlin, Dec. 14, 1888. The patient was a physician, had spent 6 1-2 years in an asylum, and on his discharge had resumed practice and had been a district surgeon for 7 years. Wendt had had him under observation for 3 1-2 years in the asylum. All the physicians who had had charge of him agreed in the diagnosis of general paralysis. When admitted to the asylum in 1872, he was 43 years old; little was known of his life, but there was no history of excesses. Two paternal uncles died in an asylum, and his only living brother was "weak-minded." The prodromal period extended back three years. Ataxic gait, immobile pupils, delusions of grandeur, and weakness of memory, were noted on admission. The history showed the usual symptoms of general paralysis, and his letters would be looked on as typical of the disease, with the customary grandiose ideas, unsteadiness of writing, and omission of words and syllables. From June 1872 to the end of 1874 the disease appears to have been at its height, and had continued without remissions and without essential increase of the characteristic symptoms, and especially of the motor symptoms. These symptoms then receded, and when Wendt took charge of the institution in July 1875, there was an entirely different clinical picture. The motor symptoms had disappeared; gait and standing were steady and firm, and the articulation undisturbed; pupils equal and reacted well. Writing was now and then unsteady, and the tongue had a slight tremor; he expressed no delusions but was considered to have them; looked on his letters as nonsense, which he had written for pastime; he had never been sick, since the insane could not manage the pen. Discharged improved in Dec. 1878. Letters received during next six months still showed unsteadiness in handwriting. In Feb. 1879, an unnatural self-complacency was still shown in his letters. Wendt's conclusions are eminently conservative and just; "Including the three years prodromal stage, nineteen years [preceding December 1888] have now elapsed since the beginning of the disease, the remission characteristic of paralysis came on 13 years ago, and has since then continued unbroken; for 9 years Dr. F. has been in medical practice, and for 7 years he has held the office of district surgeon. Doubts may well be entertained if he has regained his complete integrity, but at all events an improvement has taken place that rarely occurs in *dementia paralytica*,

and which may be designated as a recovery, if the same criterion is allowed which is usual and authorized in internal diseases."

Jastrowitz appears to have coincided in Wendt's conclusions and reported a case of 17 years duration, then living and apparently well, where a diagnosis of general paralysis had been made by Westphal; a slight degree of mental weakness and apathy existed.

Müller considered Wendt's case not to be one of classical progressive general paralysis, the long course and the failure of many important symptoms usual in progressive general paralysis being opposed to it.

Zender considered it a characteristic case of general paralysis.

Mendel thought the case exceptionally interesting, and perhaps unique. The case not being *progrediens ad mortem*, they might accept Müller's criticism of the word "progressive," but they could all agree that it was a case of "cured *dementia paralytica*."

Case of General Paralysis Cured by Antisyphilitic Treatment. BYROM

BRAMWELL, M. D. Studies in Clinical Medicine, 1889-90, I, p. 230.

First reported in Edinb. Med. Journal, Jan. 1888, p. 630.

Dr. Bramwell's case is especially interesting in connection with the cases of alleged cure of general paralysis by surgical operation. An engineer's draughtsman, aged 32, first consulted a physician in June 1881, and was seen by Bramwell on May 1st, 1882. The history is of a typical case of general paralysis, the patient recognizing his beginning disease. The attending physician and the consultants, Drs. Bramwell and Clouston agreed in a diagnosis of general paralysis. Patient had been on specific treatment for some time, and this was continued in increasing doses. When seen six weeks later by Bramwell and Clouston, the report was as follows: "We found the patient much *in statu quo*; the vigorous antisyphilitic treatment had apparently produced very little effect; the patient had, it is true lost his delusions, but the dementia was more marked, the tremor of the lips and face, the affection of speech, and the motor weakness were quite as great, in fact apparently greater. Dr. Clouston was now definitely of the opinion, that the case was one of ordinary general paralysis of the insane, and not of cerebral syphilis—a view which he recorded some months later in his admirable clinical lectures [American Edition, 1884, p. 269]." A comatose attack preceded by rigor occurred about Aug. 1, and shortly afterwards an abscess that had formed during the attack burst, with the escape of a large quantity of pus and blood, with rupture of a blood vessel. After this, in the words of a cousin, "Mr. A. almost at once recovered his head, he continued to get better day by day until the beginning of October, when he went back to his home in Glasgow." On his return to Glasgow he was reported very much improved mentally, but still far from well. Specific treatment was continued and the head repeatedly blistered. Improvement was such that the attendant was dismissed on Dec. 18th; on Jan. 8th he returned to work; at the end of 1883 he married. On July 15, 1887, his attending physician—not the physician of 1881—stated to Bramwell that there was very little to note, as the patient has kept so well; specific treatment was being kept up; in March, 1885, the speech was so thick that the physician could scarcely understand what was said, and his manner was nervous and excited; at this time he had "fainting fits" which first came on frequently, but now (1887) only once in six weeks; fits are periodic the interval gradually lengthening; they are without warning; becomes pale, with staring eyes; if at work, becomes motionless, but does not drop his square or pencil; thinks he does not lose consciousness, but wife thinks he does; no loss of memory after a fit; speech still a little thick but quite intelligible; works regularly and is painstaking and exact; memory very good; left pupil larger than right; both contract freely, and accommo-